For official use only:  ANIMAL CONTROL  11251 B Avenue, Auburn, CA 95603 (530) 889-5500 FAX (530) 889-5538	ENVIRONMENTAL HEALTH 3091 County Center Dr, Auburn, CA 95603 (530) 745-2300 FAX (530) 745-2370	☐ PUBLIC WORKS 3091 County Center Dr, Auburn, CA 95603 (530) 745-7500 FAX (530) 745-7544
BUILDING DEPARTMENT 3091 County Center Dr, Auburn CA 95603 (530) 745-3010 FAX (530) 745-3058	☐ PLANNING / CODE ENFORCEMENT 3091 County Center Dr Auburn, CA 95603 (530) 745-3000 FAX (530) 745-3080	☐ <b>TAHOE OFFICES</b> P.O. Box 1909 565 W Lake Blvd Tahoe City, CA 96145 (530) 581-6280 FAX (530) 581-6282
antillion.		



## **PLACER COUNTY**

## **COMPLAINT FORM**

Your Name:	
Mailing Address:	
-	Zip Code:
Telephone: Day: ( )	Other: ( )
Your Signature:	Date:
NOTE: Due to legal requirements, only written and may require the complainant to be specifically identified	signed complaints can be investigated. Complaints will remain confidential unless legal action is taken that
and/or additional documentation will assist in	ts in investigating your complaint. Complete and accurate information with photograph expediting this review. Complaints regarding activities/uses involving potential health other complaints will be investigated in sequential order as they are received.
Type of Complaint:	
(Additional informat	tion and/or a directional map may be included on the back of this form.)
ASSESSOR'S PARCEL NUMBER:	
Address of Violation:	
	·
Proporty Owner's Telephones Home:	) Business: ( )
Tenant's Name & Mailing Address:	
Tenant's Telephone: Home: ( )	Business: ( )

If you have questions regarding this process or the status of this complaint please contact the Placer County Code Enforcement Division in your area. "THIS FORM IS NOT A PUBLIC RECORD"